

CAVELAND EDUCATIONAL SUPPORT CENTER

Evaluation Planning Form

NAME: _____ DOB: _____ DATE: _____

DISABILITY or SUSPECTED DISABILITY: _____ SCHOOL: _____

FOR EACH EVALUATION (INITIAL OR RE-EVALUATION), mark ✓ for the assessment components determined to be addressed within the multidisciplinary assessment. Mark E if the assessment exists within the educational records of the student and will be considered.

Area	Needs	Area	Needs
Health, Vision, Hearing, and Motor Abilities	<input type="checkbox"/> Medical/Health Evaluation <input type="checkbox"/> Vision Exam <input type="checkbox"/> Functional Vision/Learning Media Assessment <input type="checkbox"/> Orientation and Mobility <input type="checkbox"/> Braille Skills Inventory <input type="checkbox"/> Hearing <input type="checkbox"/> Fine Motor <input type="checkbox"/> Gross Motor <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other _____	Academic Performance	<input type="checkbox"/> Basic Reading <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Written Expression <input type="checkbox"/> Performance Based Tests <input type="checkbox"/> Criterion Referenced Tests <input type="checkbox"/> Curriculum Based Test <input type="checkbox"/> Behavior Observations: Specify Areas: _____ <input type="checkbox"/> Other _____
General Intelligence	<input type="checkbox"/> Cognitive / Intellectual Assessment (aptitude and mental processing) <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Other _____	Social and Emotional Status	<input type="checkbox"/> Adaptive Behavior/Self-Help <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Behavior Rating Scale <input type="checkbox"/> Functional Behavioral Assessment <input type="checkbox"/> Other _____
Communication Status	<input type="checkbox"/> Receptive Language <input type="checkbox"/> Expressive Language <input type="checkbox"/> Speech Sound Production <input type="checkbox"/> Voice <input type="checkbox"/> Fluency <input type="checkbox"/> Oral Mechanism <input type="checkbox"/> Hearing <input type="checkbox"/> Behavior Observation <input type="checkbox"/> Augmentative Communication <input type="checkbox"/> Other _____	Vocational Evaluation/ Transition Needs <input type="checkbox"/> Vocational Aptitude <input type="checkbox"/> Interest Inventory <input type="checkbox"/> Learning Style <input type="checkbox"/> Behavior Observations <input type="checkbox"/> Other: _____	Other Assessments <input type="checkbox"/> Social and Developmental History <input type="checkbox"/> Specify: _____ <input type="checkbox"/> Specify: _____

List the recommendations for student needs (e.g., glasses, hearing aids) any modifications/adaptations of evaluation instruments, procedures, or settings to be used for the evaluation (i.e., native language, mode of communication, cultural factors).

List existing reports/assessment data, which will be used as a part of the multi-disciplinary assessment: